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Full name: Climate Change Truth Inc.  
 Address: 18965 NW Illahe St  
Portland, OR 97229-2085  
 Phone: 503-608-7611  
 E-mail: research@cctruth.org

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF OREGON**

3:22-cv-654-AR  
 Case No.: \_\_\_\_\_-CV-\_\_\_\_\_-\_\_\_\_\_

Climate Change Truth Inc.  
 (List the full name(s) of the plaintiff(s)/petitioner(s))

v.

**MOTION FOR APPOINTMENT OF  
 PRO BONO COUNSEL**

Judge Charles Bailey and Attorney Jim Shipley

(List the full name(s) of the defendant(s)/respondent(s))

I, David White of Climate Changhe Truth Inc., ask the Court to request a pro bono attorney to represent me in this action.

I need an attorney in this case because (briefly explain why you need an attorney in this case):  
We have no funds and this case is from Mr. Whites divorce. We can use any of Climate Change Truth Inc.  
(cctruth.org) funds to pay for this action.

To support this motion, I declare under penalty of perjury that the following information is true and correct:

1. When I filed this case (check the appropriate box):

- ☐ I filed an IFP application in this case and it is still an accurate representation of my current financial status.
- ☐ I paid the filing fee for this case and did not file an IFP application.
- ☒ I did not pay the filing fee for this case and I did not file an IFP application (explain below):



2. I am requesting an attorney to represent me as a(n):  
☐ Individual ☒ Company (LLC, LLP, etc.)
3. I am currently incarcerated: ☐ Yes ☒ No **If yes**, where are you currently incarcerated:  
 \_\_\_\_\_  
 \_\_\_\_\_
4. I contacted a lawyer, law firm, or legal clinic to try to obtain legal representation.  
☐ Yes ☒ No **If yes**, list the lawyers, law firms, or clinics you contacted and their responses to your requests:  
 I have zero money to do this.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. I am currently employed (self or other): ☐ Yes ☐ No  
**If yes**, complete the following:  
 Employer name: cctruth.org Take home pay: \$ 0  
 Employer address: 18965 NW Illahe st Per: ☐ Hour ☐ Week ☐ Month  
Portland, OR 97229 Time on job: \_\_\_\_\_ ☐ Months ☐ Years
6. My significant-other is currently employed (self or other): ☐ Yes ☐ No ☒ N/A  
**If yes**, complete the following:  
 Employer name: \_\_\_\_\_ Take home pay: \$ \_\_\_\_\_  
 Employer address: \_\_\_\_\_ Per: ☐ Hour ☐ Week ☐ Month  
 \_\_\_\_\_ Time on job: \_\_\_\_\_ ☐ Months ☐ Years
7. I received money from the following sources in the last 12 months (check all that apply):  
☐ Business (professions, self-employment) in the amount of: \$ \_\_\_\_\_  
☐ Rental properties, interest, or dividends in the amount of: \$ \_\_\_\_\_  
☐ Pensions, annuities, or life insurance in the amount of: \$ \_\_\_\_\_  
☐ Disability or workers compensation in the amount of: \$ \_\_\_\_\_  
☐ Unemployment benefits in the amount of: \$ \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_  
☐ None of the above.
8. I own the following assets (check all that apply):  
☐ Stocks (describe): \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_  
☐ Real estate (describe): \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_  
☐ Bonds (describe): \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_  
☐ Securities (describe): \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_



- ☐ Automobiles (describe): \_\_\_\_\_ valued at: \$ \_\_\_\_\_
- ☐ Other (describe): \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_
- \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_
- \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_
- ☐ None of the above.

9. I have money in the following accounts (check all that apply):

- ☐ Checking, total current balance of: \$ \_\_\_\_\_
- ☐ Savings, total current balance of: \$ \_\_\_\_\_
- ☐ Certificate of Deposit (CD), total current balance of: \$ \_\_\_\_\_
- ☐ Money Market, total current balance of: \$ \_\_\_\_\_
- ☐ Credit union, total current balance of: \$ \_\_\_\_\_
- ☐ Prison trust account, total current balance of: \$ \_\_\_\_\_
- ☐ Other accounts (list all other accounts):
- ☐ \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_
- ☐ \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_
- ☐ None of the above.

10. I am financially responsible for the following monthly expenses (check all that apply):

- ☐ Rent/mortgage payments in the amount of: \$ \_\_\_\_\_
- ☐ Utilities in the amount of: \$ \_\_\_\_\_
- ☐ Child/spousal support in the amount of: \$ \_\_\_\_\_
- ☐ Credit card/loan payments in the amount of: \$ \_\_\_\_\_
- ☐ Insurance (home, medical, auto) in the amount of: \$ \_\_\_\_\_
- ☐ Transportation/auto payments in the amount of: \$ \_\_\_\_\_
- ☐ Other (list all other monthly expenses):
- ☐ \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_
- ☐ \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_
- ☐ None of the above.

11. I am financially responsible for the following dependents (if under age 18, use initials):

- Name or initials: \_\_\_\_\_ Amount of monthly support: \$ \_\_\_\_\_
- Relationship to you: \_\_\_\_\_ Age: \_\_\_\_\_
- Name or initials: \_\_\_\_\_ Amount of monthly support: \$ \_\_\_\_\_
- Relationship to you: \_\_\_\_\_ Age: \_\_\_\_\_
- Name or initials: \_\_\_\_\_ Amount of monthly support: \$ \_\_\_\_\_
- Relationship to you: \_\_\_\_\_ Age: \_\_\_\_\_
- ☐ I am not financially responsible for any dependents.



**DECLARATION**

1. I declare under the penalty of perjury that my answers to the foregoing questions are true and correct.
2. I understand that if I am assigned an attorney and my attorney learns, either from me or elsewhere, that I can afford an attorney, my attorney may give that information to the Court.
3. I understand that even if the Court grants this application, I will receive pro bono counsel only if an attorney volunteers to take my case, and that there is no guarantee that an attorney will volunteer to represent me.
4. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

Signature of Applicant:

David C. White President of Court Date: 5/4/22

Printed Name of Applicant:

David C. White